



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, ASB TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL: 587-0460 FAX: 587-0470
email: ethics@hawaiiethics.org

THIS SPACE FOR OFFICE USE ONLY

07 JAN 23 AM 11:11

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(Type or Print Clearly)

PART I LOBBYIST			
NAME (Last)	(First)	(Middle)	TELEPHONE
Kobayashi	Joy	K.	524-4155
MAILING ADDRESS (Street)			FAX
1000 Bishop St., # 902			524-0573
(City)	(State)	(Zip Code)	
Honolulu	HI	96813	
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)			TELEPHONE
Advocates			same
MAILING ADDRESS (Street)			FAX
same			
(City)	(State)	(Zip Code)	

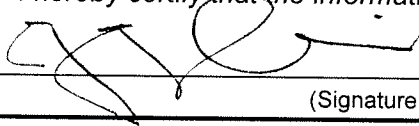
PART II ORGANIZATION		
NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)		TELEPHONE
Hawaii Psychiatric Medical Association		263-3070
MAILING ADDRESS (Street)		FAX
1360 S. Beretania St., 2nd floor		839-5867
(City)	(State)	(Zip Code)
Honolulu	HI	96814
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT		TELEPHONE
Lydia Hemmings		282-0488
MAILING ADDRESS (Street)		FAX
490 Paumakua Way.		952-0487
(City)	(State)	(Zip Code)
Kailua	HI	96734

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operation & Finance | <input type="checkbox"/> Intergovernmental Relations, International Affairs | <input type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input type="checkbox"/> Labor & Employment | <input type="checkbox"/> Transportation |
| <input type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input type="checkbox"/> Ecology, Energy Environmental Protection | <input type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | _____ |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.



(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME

TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED

Lydia Hemmings

NAME OF ORGANIZATION (if applicable)

Hawaii Psychiatric Medical Association

TELEPHONE

282-0488

MAILING ADDRESS (Street)

490 Paumakua Way.

FAX

952-0487

(City)

(State)

(Zip Code)

Kailua

HI

96734

I hereby authorize the above - named person to engage in lobbying activities on behalf of the undersigned.

(Signature of Authorizing Officer or Person Represented)

(Date)

1-18-07